

FEB 08 2006

FAX TRANSMISSION**DATE:** February 8, 2006**PTO IDENTIFIER:** Application Number 10/028,978-Conf. #3742
Patent Number**Inventor:** Tetsuya Kondo**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** CONNOLLY BOVE LODGE & HUTZ LLP
Morris Liss**PHONE:** (202) 331-7111**Attorney Dkt. #:** 21994-00036-US**PAGES (Including Cover Sheet):** 13**CONTENTS:** Fee Transmittal (1 page)
Request for Continued Examination Transmittal (1 page)
Amendment (9 pages)
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Certificate of Transmission (1 page)

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PTO/SB/97 (09-04)

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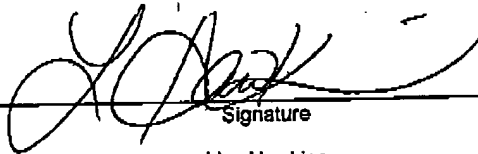
Application No. (if known): 10/028,978

Attorney Docket No.: 21994-00036-US

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PTO/SB/17 (12-04/v2)

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| | | | |
|---|--|--|--|
| Effective on 12/06/2004. FEE TRANSMITTAL For FY 2005 | | Complete if Known | |
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number: 10/028,978-Conf. #3742 Filing Date: December 28, 2001 First Named Inventor: Tetsuya Kondo Examiner Name: M. V. Battaglia Art Unit: 2652 Attorney Docket No.: 21994-00036-US | |
| TOTAL AMOUNT OF PAYMENT (\$) 790.00 | | | |

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|--|--|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>22-0185</u> Deposit Account Name: <u>Cannolly Bove Lodge & Hutz LLP</u> | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments | |

| FEE CALCULATION | | | | | | | | | | | | | | | | | | | | | |
|---|---------------------|-----------------------|----------------------|----------------------------------|------------------|-----------------------|----------------------|---------------------|-----------------|----------------------|----------------------------------|-----------------|----------------------|--------------------|---------|---------|--|-------|--|--|--|
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | | | | | | | | | | | | | | | |
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) | | | | | | | | | | | | | | |
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | | | | | | | | | | | | | | | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | | | | | | | | | | | | | | | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | | | | | | | | | | | | | | | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | | | | | | | | | | | | | | | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | | | | | | | | | | | | | | | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | |
| | | | | | | | Small Entity | | | | | | | | | | | | | | |
| | | | | | | | Fee (\$) | | | | | | | | | | | | | | |
| 2. EXCESS CLAIM FEES | | | | | | | Fee (\$) | | | | | | | | | | | | | | |
| Fee Description: Each claim over 20 (including Reissues) | | | | | | | 50 | | | | | | | | | | | | | | |
| Each independent claim over 3 (including Reissues) | | | | | | | 200 | | | | | | | | | | | | | | |
| Multiple dependent claims | | | | | | | 360 | | | | | | | | | | | | | | |
| | | | | | | | 180 | | | | | | | | | | | | | | |
| <table border="0" style="width: 100%;"> <tr> <td><u>Total Claims</u></td> <td><u>Extra Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> <td><u>Multiple Dependent Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td>_____ - 20 = _____</td> <td>x _____</td> <td>= _____</td> <td></td> <td>_____</td> <td></td> <td></td> </tr> </table> | | | | | | | <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | _____ - 20 = _____ | x _____ | = _____ | | _____ | | | |
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | | | | | | | | | | | | | | | |
| _____ - 20 = _____ | x _____ | = _____ | | _____ | | | | | | | | | | | | | | | | | |
| <table border="0" style="width: 100%;"> <tr> <td><u>Indep. Claims</u></td> <td><u>Extra Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td>_____ - 3 = _____</td> <td>x _____</td> <td>= _____</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | | | | <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | | | | _____ - 3 = _____ | x _____ | = _____ | | | | | |
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | | | | | | | | | | | | | | | | | | |
| _____ - 3 = _____ | x _____ | = _____ | | | | | | | | | | | | | | | | | | | |

| | | | |
|---|---------------------|---|-----------------|
| 3. APPLICATION SIZE FEE | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g). | | | |
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> |
| _____ - 100 = _____ | /50 | (round up to a whole number) x _____ | = _____ |
| | | | Fees Paid (\$) |

| | |
|--|--|
| 4. OTHER FEE(S) | |
| Non-English Specification, \$130 fee (no small entity discount) | |
| Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... 790.00 | |

| | | | |
|--|--|---|---------------------------------|
| SUBMITTED BY <u>Morris Liss</u> | | Registration No. (Attorney/Agent) <u>24,510</u> | Telephone <u>(202) 331-7111</u> |
| Signature _____ | | | |
| Name (Print/Type) <u>Morris Liss</u> | | Date <u>February 8, 2006</u> | |